IFAS FELLOWSHIP REPORT

Post-Graduate Fellowship Training Log
Suyog Hospital, Nagpur, India

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1. Fellow & Faculty Profile

Fellow Name: Dr. Kanishk Bhandari, MBBS, MS
Specialty: Fellowship in Foot and Ankle Surgery
Duration: January 2026 – June 2026

Fellowship Director: Dr. Girish Motwani, MBBS, MS (Fellowship in Foot & Ankle)
Fellowship Committee Chairman: Dr. Rahul Upadhyay

2. Clinical & Surgical Log

The following metrics summarize the comprehensive clinical exposure and surgical hands-on training completed during the 6-month fellowship tenure:

Clinical Activity	Volume Logged
Outpatient Department (OPD) Patients Examined	**1,000+ Cases**
Surgical Cases Assisted	**400 Operations**
Surgeries Performed Independently	**100 Operations**

3. Academic & Research Contributions

Active participation in clinical research and academic writing resulted in the following milestones during the fellowship period:

- **Research Papers Submitted:** 2
- **Research Papers Published:** 1

Published Case Report Details:

Title: Beyond The Sprain: Unmasking a Rare Anterolateral Ankle Pathology in a Young Athlete
Journal: Journal of Orthopaedic Case Reports (JOCR) | 2026 April : 16(4) : Pages 225-229
Authors: Girish Motwani, Shubham Kalnawat, Khanjan Ahir, Kanishk Bhandari

Case Report | Journal of Orthopaedic Case Reports 2026 April:16(4):Page 225-229

Beyond The Sprain, Unmasking a Rare Anterolateral Ankle Pathology in a Young Athlete

Girish Motwani[1], Shubham Kalnawat[1], Khanjan Ahir[1], Kanishk Bhandari[1]

Learning Point of the Article:

Chronic anterolateral ankle pain in young athletes should not always be attributed to common conditions such as sprains or ligament injuries. Careful clinical examination and appropriate imaging can reveal rare underlying pathologies such as tarsal coalition or soft-tissue tumors. The coexistence of a calcaneonavicular coalition and superficial ankle lipoma is extremely rare, and simultaneous surgical excision through a single approach with extensor digitorum brevis interposition can provide excellent functional outcomes and allow early return to sports.

Abstract

Introduction: Chronic anterolateral ankle pain in young athletes is commonly attributed to ligament sprains, stress injuries, or tendinopathies. However, uncommon underlying pathologies may occasionally be responsible for persistent symptoms. Calcaneonavicular coalition is a congenital condition that can lead to chronic ankle pain and restricted hindfoot motion. The coexistence of calcaneonavicular coalition with a superficial ankle lipoma is extremely rare.

Case Report: An 18-year-old female cricket athlete presented with gradually progressive swelling and pain over the anterolateral aspect of the right ankle for 5 years, affecting her sports performance. Clinical examination revealed a soft swelling with terminal restriction of dorsiflexion and limited hindfoot movements. Plain radiographs were obtained and demonstrated a calcaneonavicular coalition. Magnetic resonance imaging confirmed the presence of a superficial ankle lipoma along with the coalition. Surgical excision of the lipoma and resection of the calcaneonavicular coalition were performed through a single anterolateral approach. The extensor digitorum brevis muscle was interposed between the calcaneum and navicular to prevent re-ossification. Postoperatively, the patient regained full pain-free ankle motion and returned to sports within 12 weeks.

Conclusion: Persistent anterolateral ankle pain in young athletes should be carefully evaluated to rule out rare conditions such as tarsal coalition and soft-tissue tumors. Early diagnosis and appropriate surgical management can result in excellent functional recovery and return to athletic activity.

Keywords: Calcaneonavicular coalition, ankle lipoma, anterolateral ankle pain, tarsal coalition, young athlete.

Introduction

We often come across athletes presenting with anterolateral ankle pain, which is usually due to ligament injuries, sprains, stress reactions, or tendinopathies. One such patient presented to our outpatient department with anterolateral ankle swelling and pain. On clinical examination, we initially suspected that the pain was due to a recurrent lipoma, as she had a history of lipoma at the same site. However, while assessing her hindfoot movements, we noticed a restriction in movements compared to the opposite side. This finding made us suspect a possible

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Author's Photo Gallery


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4. Fellowship memories

5. Acknowledgements

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